TREATMENT DATA SYSTEM **TDS**

TDS URL - http://thor.ddp.state.me.us/osa/plsql/tdsdev.main_menu_2.show
A-D FORM (REVISED 9/03)
FOR SHELTER AND DETOXIFICATION CLIENTS ONLY

AGENCY NAME / LOCATION

CLIENT CODE

A. DATE OF BIRTH — MO. DAY YEAR

B. LAST FOUR SS #

C. GENDER (Check ONE box only)
- 01 MALE
- 02 FEMALE

D. COUNTY OF RESIDENCE

E. PAYOR CODE (Check ONE box only)
- 01 OSA/BDS
- 02 HUMAN SERVICES
- 03 CORRECTIONS
- 99 OTHER

F. FEDERAL IDENTIFIER CODE

G. CONTRACT NUMBER (Funded Agencies ONLY)

H. PRIMARY SERVICE CODE — LIST H ON BACK

I. CURRENT ADMISSION DATE — MO. DAY YEAR

J. LAST FACE TO FACE CONTACT — MO. DAY YEAR

1. HEALTH INSURANCE (MAY OR MAY NOT COVER ALCOHOL AND/OR DRUG TREATMENT)
- 01 PRIVATE INSURANCE
- 02 BLUE CROSS/BLUE SHIELD
- 03 MEDICARE
- 04 MAINECARE (Medicaid)
- 05 HEALTH MAINTENANCE ORG. (HMO)
- 20 OTHER (e.g., Tricare, Champus)
- 21 NONE

2. REFERRAL — LIST 2 ON BACK

3. PRIOR TREATMENT EPISODES — NUMBER OF PRIOR TREATMENT EPISODES IN ANY DRUG OR ALCOHOL TREATMENT PROGRAM (Check ONE box only)
- 00 NONE
- 01 ONE
- 02 TWO
- 03 THREE
- 04 FOUR
- 05 FIVE OR MORE

4. ARE SPECIAL ACCOMMODATIONS NEEDED TO PROVIDE SERVICES? (Check YES or NO for each selection)

YES	NO	
01	02	(A) HEARING
01	02	(B) VISUAL
01	02	(C) PHYSICAL
01	02	(D) LANGUAGE
01	02	(E) OTHER

5. RACE (Check ONE box only)
- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN
- 03 AMERICAN INDIAN OR ALASKAN NATIVE
- 04 ASIAN
- 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 99 OTHER

6. ETHNICITY (Check ONE box only)
- 01 NOT OF HISPANIC ORIGIN
- 02 PUERTO RICAN
- 03 MEXICAN
- 04 CUBAN
- 05 OTHER SPECIFIC HISPANIC
- 06 HISPANIC SPECIFIC ORIGIN NOT SPECIFIED

7. VETERAN (Check ONE box only)
- 01 YES
- 02 NO

8. EDUCATION COMPLETED — HIGHEST GRADE COMPLETED

9. CURRENT MARITAL STATUS (Check ONE box only)
- 01 NEVER MARRIED
- 02 NOW MARRIED/COHAB
- 03 SEPARATED
- 04 DIVORCED
- 05 WIDOWED

10. PREGNANT AT ADMISSION (Check ONE box only)
- 01 YES
- 02 NO

11. IF THE CLIENT HAS LEGAL CUSTODY OF HIS/HER CHILDREN, WHERE WERE THE CHILDREN WHILE THE CLIENT WAS IN TREATMENT?

IF NO DEPENDENTS GO TO #12

(Check ONE box only)
- 01 WITH CLIENT
- 02 SPOUSE/OTHER PARENT
- 03 GRANDPARENTS/OTHER RELATIVES
- 04 FRIEND(S)
- 05 BABYSITTER/CAREGIVER
- 06 TEMPORARY FOSTER CARE
- 99 OTHER

12. LIVING ARRANGEMENTS AT ADMISSION (Check ONE box only)
- 01 INDEPENDENT LIVING, ALONE
- 02 INDEPENDENT LIVING, WITH OTHERS
- 03 DEPENDENT LIVING
- 04 HOMELESS

13. EMPLOYMENT STATUS (Check ONE box only)
- 01 FULL TIME (35 HOURS OR MORE)
- 02 PART-TIME (17 - 34 HOURS)
- 03 IRREGULAR (LESS THAN 17 HOURS)
- 04 UNEMPLOYED (HAS SOUGHT WORK)
- 05 UNEMPLOYED (HAS NOT SOUGHT WORK)
- 06 NOT IN LABOR FORCE
- 07 FULL TIME VOLUNTEER
- 08 PART-TIME VOLUNTEER
- 09 IRREGULAR VOLUNTEER

14. MH/MR ISSUES DIAGNOSIS BASED ON DSM-IV (Check ONE box only)
- 01 DIAGNOSED MENTAL ILLNESS/ DISORDER
- 02 MENTAL RETARDATION
- 00 NONE

15. CONSENT DECREE 1/1/89 (Check ONE box only)
- 01 YES
- 02 NO

16. GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE (AT ADMISSION) — ENTER THE APPROPRIATE LEVEL OF FUNCTIONING BASED ON THE GAF SCALE

17-20. DRUGS USED INAPPROPRIATELY OR ABUSED BY CLIENT THAT LED TO ADMISSION
- 17 PRIMARY
- 18 SECONDARY
- 19 TERTIARY
- 20 TOBACCO (Check ONE box only)
  - 01 YES
  - 02 NO

21-24. FREQUENCY OF USE OF DRUGS BY CLIENT (IN LAST 30 DAYS)
- 21 PRIMARY
- 22 SECONDARY
- 23 TERTIARY
- 24 TOBACCO

25-28. ROUTE OF ADMINISTRATION
- 25 PRIMARY
- 26 SECONDARY
- 27 TERTIARY
- 28 TOBACCO

29-32. AGE OF FIRST USE
- 29 PRIMARY
- 30 SECONDARY
- 31 TERTIARY
- 32 TOBACCO

33. INJECTION DRUG USE (Check ONE box only)
- 01 NEVER
- 02 IN LAST 6 MONTHS
- 03 IN LAST 5 YEARS
- 04 PRIOR TO LAST 5 YEARS

34. OPIOID REPLACEMENT THERAPY (Check ONE box only)
- 01 NO
- 02 METHADONE
- 03 LAAM
- 04 BUPRENORPHINE

35. TOTAL NUMBER OF ARRESTS IN THE LAST 12 MONTHS

36. OUI ARRESTS IN THE LAST 12 MONTHS

COMPLETE THE INFORMATION BELOW AT DISCHARGE

37. DID THE CLIENT RECEIVE A PHYSICAL EXAMINATION WITHIN 48 HOURS OF ADMISSION BY A PHYSICIAN OR PHYSICIAN'S ASSISTANT? (Check ONE box only)
- 01 YES
- 02 NO

38. WAS A COMPLETE PSYCHO/SOCIAL ASSESSMENT DONE ON THE CLIENT PRIOR TO DISCHARGE? (Check ONE box only)
- 01 YES
- 02 NO

39. GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE (AT DISCHARGE) — ENTER THE APPROPRIATE LEVEL OF FUNCTIONING BASED ON THE GAF SCALE

40. ASSISTANCE RECEIVED DURING TREATMENT (Check YES or NO for each selection)

YES	NO		
01	02	A	MEDICAL CARE
01	02	B	PRESCRIPTION MEDICATIONS
01	02	C	ACUPUNCTURE
01	02	D	ADVERSIVE THERAPY
01	02	E	CLIENT URINE TESTING
01	02	F	HIV RISK REDUCTION/ED
01	02	G	CHILD CARE
01	02	H	TRANSPORTATION TO TREATMENT
01	02	I	EMPLOYMENT/COUNSELING
01	02	J	CRISIS INTERVENTION
01	02	K	HOUSING ASSISTANCE
01	02	L	DRUG AND ALCOHOL EDUCATION
01	02	M	FINANCIAL COUNSELING
01	02	N	ACADEMIC SERVIC ES
01	02	O	VOCATIONAL SERVICES
01	02	P	LEGAL SERVICES
01	02	Q	TUBERCULOSIS SERVICES
01	02	R	PRENATAL CARE
01	02	S	CHILD/COUNSELING/SERVICES
01	02	T	SMOKING CESSATION SERVICES
01	02	U	MENTAL HEALTH SERVICES
01	02	Z	OTHER

41. DID YOU RECOMMEND A SELF-HELP GROUP? (Check ONE box only)
- 01 YES
- 02 NO

42. "DELIBERATE" REFERRAL TO SUBSTANCE ABUSE SERVICES (Check ONE box only)
- 00 NONE
- 01 DETOXIFICATION
- 02 DIAGNOSIS & EVALUATION
- 03 IN-HOME FAMILY SUPPORT
- 04 EXTENDED CARE
- 05 EXTENDED SHELTER
- 06 SHELTER
- 07 OUTPATIENT COUNSELING (GENERAL)
- 08 INTENSIVE OUTPATIENT
- 09 RES. REHAB. (SHORT TERM)
- 10 HALF AND QUARTERWAY HOUSE
- 11 ADOLESCENT RES. REHAB. TRANSITIONAL
- 12 SUBSTANCE ABUSE PROFESSIONAL
- 13 CONSUMER RUN RESIDENCE
- 99 OTHER

43. IF REFERRED -- REFERRED AGENCY CODE — SEE APPENDIX

44. "DELIBERATE" REFERRAL TO OTHER THAN SUBSTANCE ABUSE TREATMENT (Check YES or NO for each selection)

YES	NO		
01	02	A	MENTAL HEALTH PROVIDER
01	02	B	OTHER HEALTH CARE PROVIDER
01	02	C	VOC. REHAB/JOB REPLACEMENT
01	02	D	HIV ANTIBODY COUNSELING AND TESTING
01	02	E	SCHOOL COUNSELOR
01	02	Z	OTHER

45. STATUS AT DISCHARGE — **IF ANSWERED 30, GO TO NEXT QUESTION, OTHERWISE SKIP TO QUESTION 46**

46. IF THE CLIENT LEFT DUE TO LACK OF CHILDCARE, WHAT WAS THE REASON? (Check ONE box only)
- 01 ACCESSIBILITY
- 02 MONEY/COST
- 03 LENGTH OF STAY/TREATMENT
- 99 OTHER

47. PRIMARY EXPECTED SOURCE OF PAYMENT

48. SECONDARY EXPECTED SOURCE OF PAYMENT (IF DIFFERENT FROM PRIMARY SOURCE)

49. TERTIARY EXPECTED SOURCE OF PAYMENT (IF DIFFERENT THAN PRIMARY OR SECONDARY SOURCE)

50. TOTAL NUMBER OF UNITS AND COST PER UNIT (LIST ON BACK OF FORM)

CODE — UNITS — COST PER UNIT

DATE FORM COMPLETED — MO. DAY YEAR

FORM COMPLETED BY — LAST NAME / FIRST

FORM EDITED BY — LAST NAME / FIRST

D. COUNTY CODES

AN Androscoggin
AK Aroostook
CD Cumberland
FN Franklin
HK Hancock
KC Kennebec
KX Knox
LN Lincoln
OD Oxford
PT Penobscot
PS Piscataquis
SC Sagadahoc
ST Somerset
WO Waldo
WN Washington
YK York
OS Out-of-State
OC Out-of-Country

H. PRIMARY SERVICE CODES

SUBSTANCE ABUSE / AFFECTED CLIENTS

DETOXIFICATION
01 Hospital Inpatient
02 Free Standing Inpatient
42 Opioid Medication Detoxification

LIFE MAINTENANCE
14 Shelter

CLIENTS WITH COEXISTING MENTAL ILLNESS

DETOXIFICATION
21 Hospital Inpatient
22 Free Standing Inpatient
47 Opioid Medication Detoxification

LIFE MAINTENANCE
37 Shelter

2. PRIMARY REFERRAL SOURCE RESPONSIBLE FOR CLIENT BEING HERE

01 Self
02 Family Member
03 Employer
04 Substance Abuse Professional (Private Practice)
05 Substance Abuse Agency
06 Physician (Non-Substance Abuse Specialist)
07 Other Professional (Non-Substance Abuse Specialist)
08 DEEP - (Driver Education/Evaluation Program)
09 Adult Protective Services - DHS
10 Child Protective Services - DHS
11 Substitute Care Services - DHS
12 Probation/Parole - State of Maine
13 Correctional Facility - State of Maine
14 County Jails
15 Augusta/Bangor Mental Health Institute
16 Mental Health Agency
17 Friend
18 EAP
19 SAP
20 State/Federal Court
21 Formal Adjudication Process
22 Self-Help Group
23 Hospital
24 School
25 AIDS Outreach Worker
26 Community Probation - DSAT
27 Drug Court - DSAT
28 Network/JASAE
29 Juvenile Drug Court
99 Other

17 - 20. SUBSTANCE CODES

0000 None
Alcohol
0100 Alcohol
Marijuana
0200 Marijuana
Cocaine/Crack
0301 Cocaine
0302 Crack
Heroin/Morphine
0400 Heroin/Morphine
Methadone
0500 Methadone
Other Opiates and Synthetics
0601 Codeine
0602 D-Propoxyphene
0603 Oxycodone (Percodan)
0604 Oxycontin
0605 Meperidine HCL
0606 Hydromorphone
0607 Other Narcotic Analgesics
0608 Pentazocine
PCP
0700 PCP or PCP Combination
Other Hallucinogens
0801 LSD
0802 Other Hallucinogens
Methamphetamine/Speed
0900 Methamphetamine/Speed
Other Amphetamines
1001 Amphetamine
1002 Methylphenidate (Ritalin)
1003 Methylenedioxymethamphetamine (MDMA, Ecstasy)
1100 Other Stimulants
Benzodiazepines
1201 Alprazolam (Xanax)
1202 Chlordiazepoxide (Librium)
1203 Clorazepate (Tranzene)
1204 Diazepam (Valium)
1205 Flurazepam (Dalmane)
1206 Lorazepam (Ativan)
1207 Triazolam (Halcoin)
1208 Other Benzodiazepine
Other Tranquilizers
1301 Meprobamate (Miltown)
1302 Other Tranquilizers
Barbiturates
1401 Phenobarbital
1402 Secobarbital/Amobarbital (Tuinal)
1403 Secobarbital (Seconal)
Other Sedative and Hypnotics
1501 Ethchlorvynol (Placidyl)
1502 Glutethimide (Doriden)
1503 Methaqualone
1504 Other Non-Barbiturate Sedatives
1505 Other Sedatives
1506 Flunitrazepam (Rohypnol)
1507 GHB/GBL
1508 Ketamine (Special K)
1509 Clonazepam (Klonopin, Rivotril)
Inhalants
1601 Aerosols
1602 Nitrites
1603 Other Inhalants
1604 Solvents
1605 Anesthetics
Over the Counter
1700 Over the Counter - General
1701 Diphenbydramine (Benadryl)
Other
1801 Diphenylhydantoin Sodium (Phenytoin, Dilantin)
1802 Other Drugs

21 - 23. FREQUENCY OF USE

00 None (Cannot be used on #20)
02 No Use Past Month
03 Once in Last 30 Days
04 2 - 3 Days Per Month
05 Once Per Week
06 2 - 3 Days Per Week
07 4 - 6 Days Per Week
08 Daily

24. TOBACCO PRODUCTS ONLY

(FOR USE WITH #23 ONLY)

00 None
10 About 1/2 Pack/Can/Pouch a Day
11 About 1 Pack/Can/Pouch a Day
12 About 1 1/2 Pack/Can/Pouch a Day
13 About 2 Packs/Cans/Pouches A Day
14 More Than 2 Packs/Cans/Pouches a Day

25 - 28. ROUTE OF ADMINISTATION

00 Not Applicable (Cannot be used on #24)
01 Oral
02 Smoking
03 Inhalation
04 Injection
05 Other

47 - 49. EXPECTED SOURCES OF PAYMENT

00 None (Cannot be used on #46 Primary)
01 OSA
02 Human Services - (Other than Child, Adult Protective)
03 Corrections
04 Human Services - (Child, Adult Protective)
05 Self-Pay
06 MaineCare (Medicaid)
07 Medicare
08 Blue Cross / Blue Shield
09 Health Maintenance Organization (HMO)
10 Other Private Health Insurance
11 Town Assistance
12 Workers' Compensation
13 Veteran's Administration
14 Other

50. UNITS OF SERVICE CODES

DETOXIFICATION

01 Hospital Inpatient
02 Free Standing Inpatient
42 Opioid Medication Detoxification

LIFE MAINTENANCE

14 Shelter